Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 1 of 17

| | | | Document | Page 1 of 17 | | |
|---------------------------------|---|-----------------------|--|--|---|--|
| Fill in this infor | mation to identify | your case and th | is filing: | | | |
| Debtor 1 | Janis Riley | Allen | | | | |
| Dobtor 2 | First Name | Middle | Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | Name | Last Name | | |
| United States Ba | ankruptcy Court for | the: NORTHER | N DISTRICT OF GE | ORGIA | | |
| Case number | 19-50625 | | | | | |
| | 70 00020 | | | _ | | Check if this is an amended filing |
| ~ | /= | | | | | |
| _ | orm 106A/E | _ | | | | |
| Schedul | le A/B: Pı | operty | | | | 12/15 |
| | | | | wn or Have an Interest In | | |
| . Do you own or | have any legal or eq | uitable interest in a | ny residence, building | g, land, or similar property? | | |
| ☐ No. Go to Pa | rt 2. | | | | | |
| Yes. Where | is the property? | | | | | |
| | dier Lane SW , if available, or other des | cription | Single-family Duplex or mu | ty? Check all that apply home ulti-unit building n or cooperative | Do not deduct secured cla the amount of any secure Creditors Who Have Clain | d claims on Schedule D: |
| Marietta | GA | 30064-0000 | | d or mobile home | Current value of the | Current value of the |
| City | State | ZIP Code | ☐ Land ☐ Investment p | roperty | entire property? \$164,220.00 | portion you own? \$164,220.00 |
| • | | | ☐ Timeshare | 11.9 | Describe the nature of y | |
| | | | Other | | | ancy by the entireties, or |
| | | | Who has an interes Debtor 1 only | st in the property? Check one | Fee Simple | |
| Cobb | | | Debtor 2 only | | - | |
| County | | | | Debtor 2 only | Obselvit this is some | |
| | | | At least one | of the debtors and another | Check if this is com (see instructions) | munity property |
| | | | Other information property identificat | you wish to add about this iter tion number: | n, such as local | |
| | | | | | | |
| | | | | | | |
| 2 Add the del | lar value of the se | ortion you own for | r all of vour entries | from Part 1, including any | entries for | |
| | nave attached for | | | nominanti, menduning any | -> | \$164,220.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 2 of 17

| Debto | or 1 _ J | anis Riley Allen | | Case number (if known) | 19-50625 |
|--------------|-----------------------|--|---|--|--|
| B. Ca | rs, vans, | trucks, tractors, sport utility | vehicles, motorcycles | | |
| | | , , , | • | | |
| | | | | | |
| • | Yes | | | | |
| | | | | | |
| 3.1 | Make: | Audi | Who has an interest in the property? Check one | | ed claims or exemptions. Put ecured claims on <i>Schedule D:</i> |
| | Model: | 3.2 AWD | ■ Debtor 1 only | | Claims Secured by Property. |
| | Year: | 2009 | Debtor 2 only | Current value of the | e Current value of the |
| | | nate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | ormation: | At least one of the debtors and another | | |
| | | on: 2723 Candler Lane | | \$11,750.0 | 00 \$11,750.00 |
| | SVV, IVI | arietta GA 30064 | ☐ Check if this is community property (see instructions) | | <u> </u> |
| | | | | | |
| 3.2 | Make: | Land Rover | Who has an interest in the property? Check one | | ed claims or exemptions. Put |
| 0.2 | Model: | LR2 | Debtor 1 only | | ecured claims on Schedule D: Claims Secured by Property. |
| | Year: | 2012 | Debtor 2 only | | , , , |
| | | nate mileage: | Debtor 1 and Debtor 2 only | Current value of the entire property? | e Current value of the portion you own? |
| | | ormation: | At least one of the debtors and another | | , , |
| | Location | on: 2723 Candler Lane |] | 4 | |
| | SW, M | arietta GA 30064 | ☐ Check if this is community property | \$13,050.0 | 90 \$13,050.00 |
| | | | (see instructions) | | |
| | | | | Do not dodust coour | ed claims or exemptions. Put |
| 3.3 | Make: | Chrysler | Who has an interest in the property? Check one | | ecured claims on Schedule D: |
| | Model: | 200 | _ Debtor 1 only | Creditors Who Have | Claims Secured by Property. |
| | Year: | 2016 | _ Debtor 2 only | Current value of the | |
| | • • | nate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | ormation: | At least one of the debtors and another | | |
| | | on: 2723 Candler Lane arietta GA 30064 | ☐ Check if this is community property | \$15,583.3 | 31 \$15,583.31 |
| | 300, 101 | ariella GA 30004 | (see instructions) | | |
| | <i>mples:</i> B No | | and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, motorcycles | | |
| | . 00 | | | | |
| 5 A c | ld the do | ollar value of the portion you | own for all of your entries from Part 2, includin | g any entries for | # 40.000.04 |
| .pa | ges you | have attached for Part 2. Wri | te that number here | => | \$40,383.31 |
| | _ | | | | |
| Part 3 | | be Your Personal and Household | | | Current value of the |
| DO y | ou own c | or nave any legal or equitable | interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E | | goods and furnishings Major appliances, furniture, line | ens, china, kitchenware | | |
| | Yes. De | scribe | | | |
| | | Household G | onds | | \$2,500.00 |
| | | riouserioid G | | | Ψ2,000.00 |
| . Ele | ctronics | | | | |
| Ex | • | The state of the s | video, stereo, and digital equipment; computers, pi | rinters, scanners; music coll | lections; electronic devices |
| | No | including cell phones, cameras | , media piayers, games | | |
| ш | INO | | | | |

Official Form 106A/B Schedule A/B: Property

page 2

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 **Desc Main** Page 3 of 17 Document Debtor 1 Janis Riley Allen Case number (if known) 19-50625 Yes. Describe..... **Electronics** \$750.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothes \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$400.00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,150.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 4 of 17

| Debtor 1 | Janis Riley Allen | | Case number (if known) 19-5 | i0625 |
|-----------------------------|---|--|---|-----------------------|
| | | | ounts; certificates of deposit; shares in credit unions, brokerage houses with the same institution, list each. | s, and other similar |
| □ No | | | loodituding goods | |
| ■ Yes | S | | Institution name: | |
| | 17.1. | Checking | Bank of America | \$550.00 |
| | 17.2. | Checking | Chase | \$0.00 |
| | 17.3. | Checking | LGE Credit Union | \$65.00 |
| Exar | ls, mutual funds, or publi mples: Bond funds, investm | cly traded stocks ent accounts with bro | okerage firms, money market accounts | |
| ■ No | S | Institution or issuer | name: | |
| 9. Non- | | I interests in incorp | orated and unincorporated businesses, including an interest in an | LLC, partnership, and |
| ■ No | | | | |
| ⊔ Yes | s. Give specific information Na | n about them ame of entity: | % of ownership: | |
| Nege Non- ■ No | otiable instruments include | personal checks, cas those you cannot tra | ctiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. Inster to someone by signing or delivering them. | |
| | | suer name: | | |
| | ement or pension accournples: Interests in IRA, ERI | | 03(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ■ Yes | s. List each account separa | ately. of account: | Institution name: | |
| | туре | or account. | msututon name. | |
| | 401 | | Employers | \$53,000.00 |
| Your <i>Exar</i> ■ No | | its you have made so | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or Institution name or individual: | · others |
| | | | | |
| 23. Ann u No | iities (A contract for a perio | odic payment of mone | ey to you, either for life or for a number of years) | |
| | s Issuer nar | ne and description. | | |
| 26 U.S | sts in an education IRA, i S.C. §§ 530(b)(1), 529A(b), | | ualified ABLE program, or under a qualified state tuition program. | |
| ■ No □ Yes | Institution | name and description | n. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. Trus t | | | ther than anything listed in line 1), and rights or powers exercisal | ole for your benefit |

Official Form 106A/B Schedule A/B: Property page 4

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 5 of 17

| D | eptor 1 | Janis Riley Allen | Case number (if known) | 19-50625 |
|-----|-------------------------|--|-------------------------------|---|
| 26. | | s, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing agreem | ents | |
| | ☐ Yes. | Give specific information about them | | |
| 27. | Examp ■ No | es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association holdings, liquor lice | nses, professional license | s |
| | ⊔ Yes. | Give specific information about them | | |
| M | oney or _l | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref ■ No | unds owed to you | | |
| | ☐ Yes. | Give specific information about them, including whether you already filed the returns | and the tax years | |
| 29. | Family Examp ■ No | support oles: Past due or lump sum alimony, spousal support, child support, maintenance, div | orce settlement, property s | settlement |
| | ☐ Yes. | Give specific information | | |
| 30. | | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacati benefits; unpaid loans you made to someone else | on pay, workers' compens | sation, Social Security |
| | ■ No □ Yes. | Give specific information | | |
| 31. | _Examp | ts in insurance policies ofles: Health, disability, or life insurance; health savings account (HSA); credit, homeo | wner's, or renter's insurand | ce |
| | ■ No | | | |
| | ☐ Yes. | Name the insurance company of each policy and list its value. Company name: Benefic | iary: | Surrender or refund value: |
| 32. | If you a | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are ne has died. | e currently entitled to recei | ve property because |
| | ■ No □ Yes. | Give specific information | | |
| 33. | | against third parties, whether or not you have filed a lawsuit or made a demandles: Accidents, employment disputes, insurance claims, or rights to sue | d for payment | |
| | _ | Describe each claim | | |
| 34. | Other o | contingent and unliquidated claims of every nature, including counterclaims of | the debtor and rights to | set off claims |
| | ■ No | g | uodioi aiia iigiiio io | |
| | ☐ Yes. | Describe each claim | | |
| 35. | _ ` | ancial assets you did not already list | | |
| | ■ No □ Yes. | Give specific information | | |
| _ | | | Г | |
| 36 | | he dollar value of all of your entries from Part 4, including any entries for pages art 4. Write that number here | - | \$53,615.00 |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 6 of 17

| Deb | otor 1 | Janis Riley Allen | ent Page 0 01 1 | Case number (if known) | 19-50625 |
|--------------|----------|---|------------------------------|---------------------------|-------------------------|
| 37. [| Do you o | wn or have any legal or equitable interest in any business | -related property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | o to line 38. | | | |
| Part | | scribe Any Farm- and Commercial Fishing-Related Propert ou own or have an interest in farmland, list it in Part 1. | y You Own or Have an Interes | it In. | |
| 46. | Do you | own or have any legal or equitable interest in any t | arm- or commercial fishin | g-related property? | |
| | No. | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in Th | at You Did Not List Above | | |
| 53. | | have other property of any kind you did not alread les: Season tickets, country club membership | y list? | | |
| | ■ No | | | | |
| | ☐ Yes. (| Give specific information | | | |
| 54. | Add tl | ne dollar value of all of your entries from Part 7. Wr | ite that number here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$164,220.00 |
| 56. | Part 2 | : Total vehicles, line 5 | \$40,383.31 | | |
| 57. | Part 3 | : Total personal and household items, line 15 | \$4,150.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | \$53,615.00 | | |
| 59. | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$98,148.31 | Copy personal property to | stal \$98,148.31 |

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$262,368.31

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 7 of 17

| Fill in this inform | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|------------|---------------------|
| Debtor 1 | Janis Riley Allen | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| _ | 19-50625 | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | / the | Property | / You | Claim | as | Exemp | ρt |
|---------|----------|-------|----------|-------|-------|----|-------|----|
|---------|----------|-------|----------|-------|-------|----|-------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|---|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2723 Candler Lane SW Marietta, GA 30064 Cobb County | \$164,220.00 | | \$21,500.00 | O.C.G.A. § 44-13-100(a)(1) |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2012 Land Rover LR2 Location: 2723 Candler Lane SW, | \$13,050.00 | | \$2,222.08 | O.C.G.A. § 44-13-100(a)(3) |
| Marietta GA 30064 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household Goods Line from Schedule A/B: 6.1 | \$2,500.00 | | \$2,500.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line nom Schedule A/B. G.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Electronics Line from Schedule A/B: 7.1 | \$750.00 | | \$750.00 | O.C.G.A. § 44-13-100(a)(4) |
| Line nom Schedule A/B. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothes Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | O.C.G.A. § 44-13-100(a)(6) |
| LINE HOLL SCHEUUIE AVB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 8 of 17

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Jewelry Line from Schedule A/B: 12.1 | \$400.00 | | \$400.00 | O.C.G.A. § 44-13-100(a)(5) |
| Ellio II oli II osiliodalo 102: 1211 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Bank of America Line from Schedule A/B: 17.1 | \$550.00 | | \$550.00 | O.C.G.A. § 44-13-100(a)(6) |
| Life from Schedule PAB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: LGE Credit Union Line from Schedule A/B: 17.3 | \$65.00 | | \$65.00 | O.C.G.A. § 44-13-100(a)(6) |
| Ellie IIIIII Schedule PAB. 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| 401: Employers Line from Schedule A/B: 21.1 | \$53,000.00 | • | \$53,000.00 | O.C.G.A. § 44-13-100(a)(2.1) |
| Line nom Schedule PAD. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| 3. | Are you claiming a | homestead | exemption of | f more than | \$160,375? |
|----|--------------------|-----------|--------------|-------------|------------|
|----|--------------------|-----------|--------------|-------------|------------|

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - No
 - Yes

| Fill in this information | to identify your case: | |
|---------------------------------|--|---|
| Debtor 1 | Janis Riley Allen | |
| Debtor 2 (Spouse, if filing) | | |
| United States Bankru | ptcy Court for the: NORTHERN DISTRICT OF GEORGIA | |
| | 9-50625 | Check if this is: |
| (If known) | | An amended filing |
| | | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form | <u>n 106l</u> | MM / DD/ YYYY |
| Schodula I | Vour Incomo | 40/ |

Scheaule I: Your Income

12/15

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
|---|-----------------------|---|--|
| If you have more than one job, | Empleyment status | ■ Employed | ■ Employed |
| attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| employers. | Occupation | Executive Assistant | Fleet Manager |
| Include part-time, seasonal, or self-employed work. | Employer's name | Orange Business Services | Black Umbrella, Inc |
| Occupation may include student or homemaker, if it applies. | Employer's address | 13775 McLeareb Road Oak Hill, VA 20171 | 300 Lake Sovereign Court Canton, GA 30114 |
| | How long employed the | here? 19 years | 10 Months |

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,929.60 5,633.33 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ Calculate gross Income. Add line 2 + line 3. 4,929.60 5,633.33

Official Form 106I Schedule I: Your Income page 1

| Debtor 1 | | 1 Janis Riley Allen Case number (if kn | | | | known) 19-50625 | | | | | |
|----------|---------------|---|------------|----|----------------|-----------------|--------------|-------------------|-----------------------------|----------|----------|
| | | | | | For | Debtor 1 | | | Debtor 2 | | |
| | Cop | y line 4 here | 4. | | \$ | 4,929 | 9.60 | \$ | filing s _l 5. | 633.33 | 1 |
| E | | *************************************** | | | _ | -, | | · | -, | | - |
| 5. | | all payroll deductions: | | | Φ. | 004 | | Φ. | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | | 9.86 | \$ | 1,. | 256.36 | - |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | ^ъ — | | 0.00 | \$ | | 0.00 | - |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | ֆ \$ | | 3.58 | \$ | | 0.00 | _ |
| | 5d. 5e. | Required repayments of retirement fund loans Insurance | 5d. 5e. | | ^Ф — | | 5.38 7.86 | \$ | | 0.00 | - |
| | 5f. | Domestic support obligations | 5f. | | \$ — | | 0.00 | \$— | | 0.00 | - |
| | 5g. | Union dues | 5g. | | φ \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5g. 5h. | Other deductions. Specify: | 5h. | | \$ — | | | + \$ [—] | | 0.00 | - |
| _ | | | _ | | · — | | | · — | | | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 2,222 | | \$ | | 256.36 | - |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,706 | 5.92 | \$ | 4, | 376.97 | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net income. | 8a. | | \$ | | 0.00 | \$ | | 0.00 | - |
| | 8b. | Interest and dividends | 8b. | | \$ | (| 0.00 | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | e | | 2.00 | œ | | 0.00 | |
| | 0.4 | | 8c. | | \$ | | 0.00 | \$ | | 0.00 | - |
| | 8d. 8e. | Unemployment compensation Social Security | 8d. 8e. | | \$ \$ | | 0.00 | \$ | | 0.00 | = |
| | 8f. | Other government assistance that you regularly receive | OE. | | Ψ | | 0.00 | Ψ | | 0.00 | _ |
| | OI. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | | \$ | (| 0.00 | \$ | | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | | \$ | (| 0.00 | \$ | | 0.00 | - |
| | 8h. | Other monthly income. Specify: | 8h. | .+ | \$ | (| 0.00 | + \$ | | 0.00 | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | (| 0.00 | \$ | | 0.00 | 9 |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2 | 2,706.92 | + \$ | 4.3 | 76.97 | = \$ | 7,083.89 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | , | L'- | -,- | | <u> </u> | ., |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | • | | | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | 12. | \$Combin | 7,083.89 |
| | | | | | | | | | | | y income |
| 13. | Do y ■ | vou expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this information to | identify yo | ur case: | | | | | |
|------------|---|---------------------------|-------------------------|---|-----------------------|----------------|-------------------|---|
| | | is Riley A | | | | | c if this is: | |
| Dob | otor 2 | | | | | _ | An amended filing | ving postpotition shorter |
| | ouse, if filing) | | | | | _ | | ving postpetition chapter the following date: |
| Linit | ted States Bankruptcy (| Court for the | NORTH | IERN DISTRICT OF GEO | RGIA | _ | MM / DD / YYYY | |
| | | | NONT | izitiv bioritior or ozo | NOIA . | , | WIWI / DD / TTTT | |
| | nown) 19-506. | 25 | | | | | | |
| 0 | fficial Form | 106J | | | | | | |
| S | chedule J: | Your E | Exper | ises | | | | 12/1 |
| Be info | as complete and a | ccurate as pace is nee | possible. eded, atta | If two married people and the contract of the | | | | |
| Par 1. | t 1: Describe Your Is this a joint case | | hold | | | | | |
| •• | ■ No. Go to line 2 | | | | | | | |
| | ☐ Yes. Does Deb | tor 2 live i | n a separ | ate household? | | | | |
| | ☐ No | | | | | | | |
| | ☐ Yes. De | ebtor 2 must | t file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Debto | or 2. | |
| 2. | Do you have depo | endents? | □ No | | | | | |
| | Do not list Debtor Debtor 2. | 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | | | □ No |
| | dependents names | S. | | | Granddaughte | er | 6 months | Yes |
| | | | | | | | | □ No |
| | | | | | Great- Niece | | 5 | Yes |
| | | | | | Doughton | | 24 | □ No |
| | | | | | Daughter | | | ■ Yes |
| | | | | | Niece | | 38 | □ No ■ Yes |
| 3. | Do your expense | s include | | No | | | | _ 100 |
| | expenses of peop yourself and your | | nan 🗖 | Yes | | | | |
| | <u> </u> | - | | _ | | | | |
| Est | | es as of yo | ur bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| Inc | lude expenses paid | d for with n | on-cash | government assistance i | if vou know | | | |
| the | value of such assi | | | luded it on Schedule I: | | | Your expe | ansas |
| (Of | ficial Form 106l.) | | | | | | Tour exp | C113C3 |
| 4. | The rental or hon payments and any | | | ses for your residence. I r lot. | nclude first mortgage | e 4. \$ | | 819.03 |
| | If not included in | line 4: | | | | | | |
| | 4a. Real estate | taxes | | | | 4a. \$ | | 0.00 |
| | 4b. Property, ho | | , or renter | 's insurance | | 4b. \$ | | 0.00 |
| | | | | ıpkeep expenses | | 4c. \$ | | 100.00 |
| _ | | | | dominium dues | | 4d. \$ | | 0.00 |
| 5. | Additional mortga | age payme | nts for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| ebtor 1 | Janis Riley Alle | n | Cas | se num | ber (if known) | 19-50625 |
|------------|---|---|------------------------|---------|----------------|------------------------------|
| Utili | ties: | | | | | |
| 6a. | Electricity, heat, na | atural gas | | 6a. | \$ | 425.00 |
| 6b. | Water, sewer, garb | page collection | | 6b. | \$ | 150.00 |
| 6c. | Telephone, cell ph | one, Internet, satellite, and cable service | es . | 6c. | \$ | 650.00 |
| 6d. | Other. Specify: | | | 6d. | \$ | 0.00 |
| Foo | d and housekeeping | g supplies | | - 7. | \$ | 800.00 |
| | dcare and children | | | 8. | \$ | 320.00 |
| Clot | hing, laundry, and o | dry cleaning | | 9. | \$ | 150.00 |
| . Pers | onal care products | and services | | 10. | \$ | 99.00 |
| | ical and dental exp | | | 11. | · — | 100.00 |
| | - | gas, maintenance, bus or train fare. | | | * | |
| | ot include car payme | | | 12. | \$ | 500.00 |
| . Ente | rtainment, clubs, re | ecreation, newspapers, magazines, ar | nd books | 13. | \$ | 0.00 |
| . Cha | ritable contribution | s and religious donations | | 14. | \$ | 0.00 |
| . Insu | rance. | | | | | |
| Do r | ot include insurance | deducted from your pay or included in li | nes 4 or 20. | | | |
| 15a. | Life insurance | | | 15a. | | 0.00 |
| 15b. | Health insurance | | | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | | | 15c. | \$ | 600.00 |
| 15d. | Other insurance. S | pecify: | | 15d. | \$ | 0.00 |
| | | xes deducted from your pay or included i | in lines 4 or 20. | | | |
| Spe | · | | | 16. | \$ | 0.00 |
| | allment or lease pay | | | | | |
| | Car payments for \ | | | 17a. | · | 0.00 |
| | Car payments for \ | | | 17b. | · | 0.00 |
| | Other. Specify: | | | 17c. | · | 80.00 |
| | | Husband's Credit Card Debt | | 17d. | \$ | 300.00 |
| | | ony, maintenance, and support that yo | | 18. | \$ | 0.00 |
| | | y on line 5, Schedule I, Your Income (Cake to support others who do not live | | 10. | \$ | 0.00 |
| Spe | | ake to support others who do not live | with you. | 19. | Ψ | 0.00 |
| | · | enses not included in lines 4 or 5 of tl | his form or on Schedul | | our Income | |
| | Mortgages on othe | | | 20a. | | 0.00 |
| | Real estate taxes | · Froh only | | 20b. | | 0.00 |
| | | ner's, or renter's insurance | | 20c. | | 0.00 |
| | | ir, and upkeep expenses | | 20d. | · | 0.00 |
| | • | ociation or condominium dues | | 20e. | · · | 0.00 |
| | er: Specify: | ociation of condominant dues | | 21. | | |
| . Our | | | | ۷۱. | -Ψ | 0.00 |
| . Calo | ulate your monthly | expenses | | | | |
| | Add lines 4 through | | | | \$ | 5,093.03 |
| 22b. | Copy line 22 (month | lly expenses for Debtor 2), if any, from O | fficial Form 106J-2 | | \$ | |
| | | b. The result is your monthly expenses. | | | \$ | 5,093.03 |
| | | | | | · — | 2,000100 |
| | ulate your monthly | | | | | |
| | 1 7 () | combined monthly income) from Schedu | ule I. | 23a. | · | 7,083.89 |
| 23b. | Copy your monthly | expenses from line 22c above. | | 23b. | -\$ | 5,093.03 |
| | | | | | | |
| 23c. | | thly expenses from your monthly income | ·. | 230 | \$ | 1,990.86 |
| | The result is your I | monthly net income. | | 23c. | \$ | 1,330.00 |
| For e | xample, do you expect ication to the terms of y | ase or decrease in your expenses with to finish paying for your car loan within the year your mortgage? | | | | ase or decrease because of a |
| = N | | | | | | |
| | es. Explain | here: | | | | |

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 13 of 17

| Fill in this info | Fill in this information to identify your case: | | | | | | |
|---|---|-------------------|------------|--|--|--|--|
| Debtor 1 | Janis Riley Allen | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF GEORGIA | | | | |
| Case number | 19-50625 | | | | | | |
| (if known) | | | | | | | |
| | | | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Be a | mmary of Your Assets and Liabilities and Certain Statistical Information is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | r supplyir | |
|------|---|-------------|---------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 164,220.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 98,148.31 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 262,368.31 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 147,014.25 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 79,824.92 |
| | Your total liabilities | \$ | 226,839.17 |
| Par | t3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 7,083.89 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,093.03 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | box and s | submit this form to |

the court with your other schedules.

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 14 of 17

Debtor 1 Janis Riley Allen Case number (if known) 19-50625

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,736.62

\$

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 69,647.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 69,647.00 |

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 15 of 17

United States Bankruptcy Court Northern District of Georgia

| In re | Janis Riley Allen | | Case No. | 19-50625 |
|-------|-------------------|-----------|----------|----------|
| | | Debtor(s) | Chapter | 13 |

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| | 1 1 3 | • | d the foregoing Amendment to Schedules A, B, C, I and J s), and that they are true and correct to the best of my |
|------|---------------|-----------|--|
| Date | March 5, 2019 | Signature | /s/ Janis Riley Allen |
| | | · · | Janis Riley Allen |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Debtor

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 16 of 17

United States Bankruptcy Court Northern District of Georgia

| In re | Janis Riley Allen | | Case No. | 19-50625 |
|-------|-------------------|-----------|----------|----------|
| | | Debtor(s) | Chapter | 13 |

AMENDED AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith: **Amendment to Schedules A, B, C, I and J with Summary of Schedules**

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: March 5, 2019 /s/ Karmel Sunzette Davis

Karmel Sunzette Davis 007707

Attorney for Debtor(s)

Karmel S. Davis & Associates

P.O. Box 5736

Douglasville, GA 30154

(678) 715-0967 Fax:(678) 715-0987

courthearings2@gmail.com

Case 19-50625-jwc Doc 22 Filed 03/05/19 Entered 03/05/19 10:44:33 Desc Main Document Page 17 of 17

United States Bankruptcy Court Northern District of Georgia

| In re | Janis Riley Allen | | Case No. | 19-50625 |
|-------|-------------------|-----------|----------|----------|
| | | Debtor(s) | Chapter | 13 |

CERTIFICATE OF SERVICE

I hereby certify that on <u>March 5, 2019</u>, a copy of <u>Amendment to Schedules A, B, C, I and J with Summary of Schedules</u> was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

| Eric W. Roach □ | |
|---------------------------------------|--|
| Attorney for the Chapter 13 Trustee □ | |
| 303 Peachtree Center Avenue, NE□ | |
| Suite 120□ | |
| Atlanta, GA 30303 | |

/s/ Karmel Sunzette Davis

Karmel Sunzette Davis 007707 Karmel S. Davis & Associates P.O. Box 5736 Douglasville, GA 30154 (678) 715-0967Fax:(678) 715-0987 courthearings2@gmail.com